

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
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Alexandria, Virginia 22313-1450
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21901 7590 05/24/2006

SMITH HOPEN, PA
180 PINE AVENUE NORTH
OLDSMAR, FL 34677

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

April Turley	(Depositor's name)
April Turley	(Signature)
August 24, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/710,986	08/16/2004	Shekhar Bhanali	1372.185.PRC	9396

TITLE OF INVENTION: SYSTEM AND METHOD FOR IMMUNOSENSOR REGENERATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	08/24/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
CHIN, CHRISTOPHER L	1641	436-518000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Molly L. Sauter
2 Smith & Hopen, P.A.
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

University of South Florida

Tampa, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(2)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature Thomas E. Toner
Typed or printed name Thomas E. Toner

Date August 24, 2006

Registration No. 57,422

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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08/24/2006 14:23 FAX 8139258525
AUG 24 2006
PATENT & TRADEMARK OFFICE

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INTELLECTUAL PROPERTY LAW

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To:	U.S. Patent & Trademark Office	From:	Molly L Sauter
Attn:	Mail Stop Issue Fee	Client:	1372.185.PRC
Fax:	(571) 273-2885	Pages:	4 including coversheet
Phone:		Date:	August 24, 2006
Re:	USSN: 10/710,986	CC:	University of South Florida

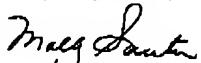
Urgent For Review Please Comment Please Reply Please Recycle

Dear Sir:

In response to the Notice of Allowance mailed May 24, 2006, we enclose the following:

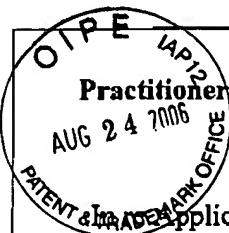
- 1) Transmittal of Payment of Issue Fee with Certificate of Facsimile Transmission under 37 CFR 1.8(a) dated August 24, 2006 (1 page);
- 2) Form PTOL-85 (1 page); and
- 3) Credit Card Payment Form PTO-2038 in the amount of \$700.00 (1 page).

Very respectfully,



Molly L. Sauter
Reg. No. 46,457

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Practitioner's Docket No: 1372.185.PRC

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Shekhar Bhansali et al.)
 Serial No.: 10/710,986) Art Unit: 1641
 Filed: 08/16/2004) Examiner: Christopher L.
 For: System and Method for Immunosensor) Chin
 Regeneration) Confirmation No. 9396
)

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 Alexandria, VA 22313-1450

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. 1.18(a) and (d)):

Regular

Application status is Small Entity—fee: \$700.00

3. Payment of fee:

Enclosed please find Credit Card Payment Form PTO - 2038 for \$700.00

SIGNATURE OF PRACTITIONER

Molly L. Sauter
 Smith & Hopen, P.A.
 180 Pine Avenue North
 Oldsmar, Florida 34677

CERTIFICATE OF FACSIMILE TRANSMISSION
(37 C.F.R. 1.8(a))

I HEREBY CERTIFY that this correspondence and payment is being transmitted to the United States Patent and Trademark Office by facsimile to (571) 273-2885 on August 24, 2006.

Dated: August 24, 2006

April Turley